

APPLICATION WATER METER PERMIT E-27

Development Services

Engineering Department

1635 Faraday Avenue 760-602-2750 www.carlsbadca.gov

JOB/METER ADDRESS:	
NEAREST CROSS STREET:	
ASSOCIATED PROJECT NO.:	ASSESSOR PARCEL NO(S):
CIZE AND TYPE OF METER.	
CONTRACTOR (Permittee)	
NAME (Print or Type):	
CONTACT DEDCOM:	
MAILING ADDRESS:	
PHONE NUMBER:	
By its signature below, permittee agrees to indemnify, hold harmless, and defend the City of Carlsbad or its officers or employees from all claims, damage or liability to persons or property arising from or caused by an activity or work done pursuant to this permit unless the damage or liability was caused by the sole active negligence of the city or its officers or employees. This agreement is a condition of the issuance of a water meter.	
SIGNATURE	DATE
The same name must appear on this application and the request for refund as the Permittee.	
CITY USE	
PERMIT NO.:	
ENTERED INTO COMPUTER BY:	
	DATE STAMP
	APPLICATION RECEIVED